Application Checklist – MCDPH DI WIC Track

Direct application questions to:

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(602) 506-9319

Maricopa County Department of Public Health
Office of Nutrition and Physical Activity
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Phoenix, AZ 85012

Initial the DICAS application submission acknowledgment:

_____ I have submitted the online internship application through DICAS at https://portal.dicas.org by the February deadline.

Initial the following items to be mailed to the address above:

_____ Completed PAL Portfolio. *Follow these instructions and use this template for your portfolio.*

_____ Non-refundable application fee of $52.00 made payable to Maricopa County.

Initial the following items to be submitted in the DICAS application packet:

_____ Arizona WIC Program Declaration of Intent

_____ Work Experience Calculation Form

_____ Volunteer Experience Calculation Form

_____ DPD course requirement list from your institution. If your institution does not have a formal document you may include a photocopy from the course catalogue in this one instance.

_____ Official college transcripts from all colleges and universities attended have been mailed to DICAS by the deadline on https://portal.dicas.org

_____ Signed Verification of Completion of Dietetics Programs in Dietetics or a signed Declaration of Intent to Complete. *If your date of DPD completion is five or more years old, additional coursework will be required.*

_____ Three letters of recommendation with at least one academic and one work/professional. *Please do not include letters from friends or family.*

_____ Personal Statement, which must address all of the following:

1. The reason for entering dietetics
2. Preparatory career experiences
3. Short and long term goals
4. Personal strengths and areas of improvement
5. Reason why you are applying to our public health focused program
6. Your expectations from our program
7. A project completed without supervision
8. Note if you speak, read or write a language other than English and your level of fluency

_____ Completed Application Checklist (this form)

Signature: _____   Date: _____

Printed Name: _____